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SSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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## EXECUTIVE EMPLOYEES Maine Ethics Commission 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the <u>Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011</u>. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. *Please keep a copy of this form for your records.* 

NAME AND CONTACT INFORMATION							
Name Carl Michael Roland	Title	ing Divector					
Department/Agency/Bureau/Division	Hct Work Phone	e (					
Labor, Labor Standards	62	ing Divector e 7 3-7932					
Mailing Address, City, ZIP 45 SHS, Avgv	st 64377	eramentale mediata di fina i sarrimana menara sarrimana a sarrimana a sarrimana sarrimana sarrimana sarrimana s					
PART 1. INCOME DERIV	ED FROM EMPLOYMENT BY ANO	THER					
List the name and address of each employer from whom y economic activity of each employer.	you received compensation of \$1,000 or	r more. Specify the principal type of					
None		makang proping ilin-ng makang milikah ili sepang kang makang kang pang kang pang kang pang kang pang kang pang					
Name of Employer	Address	Principal Type of Economic Activity of Employer					
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PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LAW	PRACTICE					
A. List the name and address of your business or law firm, if derived income. If associated with a partnership, firm, profes activity or practice of that entity.	f any, and list the major areas of economisional association, or similar business er	nic activity or practice from which you ntity, list the major areas of economic					
None	entre entre i prime i anno è a resido eminante entre estrutturament from prime prime proprieta supreprincipa d						
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)					
Name:	and the second s	у <sub>т</sub> андуу тай са такта такта такта дашынын Дошкулган такта дай дай такта дай дай түү са такта такта дай дай да					
Address:							
Name:	and the second s						
Address:							
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B. List each source of income derived from self-employment or practice that represents me whichever is greater, and specify the principal type of economic activity of the entity or person form of disclosure is prohibited by law, rule, or an established code of professional ethics activity of the entity or person from whom the income was derived.	on from whom you derived such income. If the s, specify only the principal type of econom Principal Type of Economic
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Name and Address of Source	Activity of Entity or Person Who the Source of the Income
Alexander and the second secon	
Name: Address:	
	and the state of t
Name:	
Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not income.	clude gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
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Address:	
Name:	
Address:	
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received careas of economic activity of each creditor. Do not list credit card liabilities, or educational made as campaign contributions, or business loans from regulated financial institutions. If no	al loans, loans from a relative, loans that we
None	Principal Type of Economic
Name and Address of Creditor	Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of	of more than \$300. If none, check the box.
✓ None	
Name of Source of Gift	Name of Source of Gift
1. 3.	
2 4.	and the second s

	REPORTABLE HONORARIA
whether is the contract of t	s or speeches related to your official capacity or duties. If none, check the box.
☑ None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	· 4.
PART 7. REPRESE	NTATION BEFORE STATE AGENCIES
	or a member of your immediate family represented or assisted others for ary. Indicate whether you or a family member appeared before the agency.
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
DADT S BUS	SINESS WITH STATE AGENCIES
	mber of your immediate family sold goods or services with a value in excess of
	r a family member sold the goods or services. If none, check the box.
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9 INCOMERECEN	VED BY MEMBERS OF IMMEDIATE FAMILY
	e of income of \$1,000 or more received by your spouse or domestic partner or
dependent child(ren) during the reporting period and the ki	ind of income represented. If your spouse or domestic partner received \$1,000 only the job title of dependent children who received income of \$1,000 or more.
	Type of Economic Activity
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Kind of Income Received
a li a li di a li	
Name: Martha Mixon	1. environmental consulting 1. employment
Name: Martha Mixon  Job Title: Geologist	
960109151	3.
Donordont Child(ron) Lob Titles Only	
Dependent Child(ren) - Job Titles Only	
Job Title:	
Job Title:	
Job Title:	

shara estima				R POSITIONS		. 2.2
held any office.	it or nonprofit corporation, firm, as trusteeship, directorship, or position nsated. If a family member listed,	on of any nature	<ul> <li>Indicate wheth</li> </ul>	ier you or a family held	d the position and whe	iate family ether the posi-
√ None						
	Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compen- sated?
		er ethere et e imbre l'or		•		
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		SIC	GNATURE			
L'h	Signature	Unsworn falsific	ation is a Class	D crime.	∬ [ ] D∕ate	
Please provide the information	e any additional information be n you are providing. Use additi	low (and on a	AL INFORMAT dditional sheet necessary.	agranging pagagagagagan pada agai na agai na matamba an bada na basin sa dina bada na bada bada bada bada bada	ate the part or section	
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